

CLAIMS ONLY

Application Number

Applicant(s)

Fding Date

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
8		/		/		
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10		/		/		
11		/		/		
12		/		/		
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44						
45						
46						
47						
48						
49						
50						
Total Indep			3			
Total Depend			27			
Total Claims			30			

may be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
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98						
99						
100						
Total Indep						
Total Depend						
Total Claims						